

<p style="text-align: center;">Nebraska Commission for the Deaf and Hard of Hearing LIONS HEARING AID BANK APPLICATION</p>
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I. PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name	_____ M/F
_____ Street Address		_____ Apt. Number	
_____ City	_____ State	_____ Zip Code	
_____ - -		_____ ()	
_____ Social Security #	_____ Birth Date/Age	_____ Telephone Number	

II. INCOME INFORMATION

A. Total Household Income (Wages, Social Security, Benefits, Interest, Alimony or Child Support)

\$ _____ per month

B. Current amount in savings: \$ _____

C. Any Other Holdings:

Certificate of Deposit \$ _____

Stocks/Bonds/Other \$ _____

D. Please check if you receive income/benefits from any of these sources:

_____ Full or part-time employment

_____ Social Security (SSI, SSDI)

_____ Welfare benefits (ADS, Unemployment)

_____ Interest (Property, investments)

_____ Alimony, Child Support

_____ Medicare _____ Medicaid _____ Veteran's Benefits _____ Other

*Will the monthly income/benefits indicated above change in the next several months?

☐ NO ☐ YES -- If yes will it..... ☐ Increase or ☐ Decrease?
(Check One)

III. FAMILY INFORMATION

_____ Live alone

_____ Live with family member

_____ Live with husband/wife-spouse's monthly income \$ _____

_____ Live in a nursing home

_____ Number of dependents – please list ages: _____

BE SURE TO COMPLETE THE BACK OF THIS FORM—THANK YOU!

IV. EXPENSES INFORMATION

\$ _____ Rent/house payment per month
\$ _____ Utilities per month
\$ _____ Transportation expenses per month
\$ _____ **Medical Expenses – Please explain:**

V. Please feel free to list any other information you feel would be helpful to your financial situation and to make a better decision about your eligibility.

I certify that the above information is accurate: _____

Signature

Date

PLEASE RETURN THIS APPLICATION TO:

**Beth Ellsworth
Nebraska Commission for the Deaf and Hard of Hearing
1313 Farnam on the Mall
Omaha, NE 68102-1836
(402) 595-3991
1-877-248-7836**